

Dr. Walker

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 360

CERTIFICATE OF DEATH

REGISTRAR'S NO. 109

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTRY <u>Final</u>			2. USUAL RESIDENCE A. STATE <u>Ariz</u> B. COUNTY <u>Final</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Florence</u>			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Florence</u>			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Pinal General Hospital</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION)			
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Baby Boy</u> B. (MIDDLE) <u>Ashcraft</u> C. (LAST) <u>(stillborn)</u>			4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>18</u> YEAR <u>1951</u>		8. AGE YEARS <u>0</u> MONTHS <u>0</u> DAYS <u>0</u>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Infant</u>			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Ariz.</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>USA</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
	14A. FATHER'S NAME <u>William Ascraft</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Oklahoma</u>		15A. MOTHER'S MAIDEN NAME <u>Jewell Louice Ellis</u>	
16. INFORMANT'S SIGNATURE			17. DATE OF DEATH (MONTH) <u>September</u> (DAY) <u>18</u> (YEAR) <u>1951</u>				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Stillborn</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>After further study -</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)			21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) (COUNTY) (STATE)
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9/18/51</u> 19 TO <u>9/18/51</u> 19 THAT I LAST SAW THE DECEASED ALIVE ON <u>9/18/51</u> 19 AND THAT DEATH OCCURRED AT <u>3:30 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE <u>Dr. Walker</u>			23B. ADDRESS <u>Coolidge, Ariz</u>			23C. DATE SIGNED <u>9/24/51</u>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			24B. DATE <u>Sept. 22, 1951</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Valley Memorial Park</u>
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>Sept 27-51</u>			25B. REGISTRAR'S SIGNATURE <u>Josephine Martin</u>			25C. FUNERAL DIRECTOR'S SIGNATURE <u>Cole & Maud Mortuary, Coolidge, Ariz</u>
	26. EMBALMER'S SIGNATURE <u>Silas A. Smith</u>			27. EMBALMER'S SIGNATURE <u>Silas A. Smith</u>			CERT. NO. <u>335</u>